

ACE Academy- June 21 - 23, 2023

Hosted by the Idaho Division of Aeronautics and its many wonderful partners, the *Aviation Career Exploration (ACE) Academy* is a summer program designed to introduce teenagers to the myriad of careers available in the aviation and space industries.

ACE Academy engages participants through STEM-related experiential activities and field trips to facilities, such as air traffic control towers, flight schools and aerospace businesses, college aviation programs, military aviation bases, and much more. Other activities may include seminars of aerospace careers, as well as experiences with hands-on labs, drones, and possibly a flight in a small airplane.

While ACE Academy is primarily for students in grades 9-12, research has shown that parents and even teachers may experience some anxiety about science, engineering, technology, and math subjects. Research also has shown that parents are receptive to instruction on how to engage with their children in STEM learning activities, and that teachers need to experience the same hands-on, engaging learning environments and practices as their students. If you are a parent or teacher interested in participating in ACE Academy, please contact Idaho Aeronautics at 208.334.8775.

Enrollment is limited, and tuition is used to offset some of the costs. Limited scholarship assistance may be available for qualifying teenagers. Host families may be available for out-of-town participants who may need lodging during ACE Academy. We will accommodate students with special needs and appreciate advanced notice.

"ACE Academy was a thrill and the most fun of the summer." – ACE Student

"It was great to learn in a youth/adult partnership setting." - ACE Teacher

"So much information I didn't know."

- ACE Parent



Join us for a fun learning experience!

APPLICATION for **ACE** Academy

Name:	Preferred Name for Nametag:	
Address:	Best Email:	
City: State:	Best Phone #:	
Zip:	Have you flown in a small aircraft? ☐Yes ☐ No	
Gender: M / F T-Shirt Size (adult)	Birthdate:	
Name of School:	Grade Level for Next Year:	
Parent/Guardian:	Parent/Guardian:	
Best Phone #:	Best Phone #:	
Email:	Email:	
Emergency Contact:	Emergency Phone #:	
Remarks:		
INSTI	RUCTIONS	
One-page essay: Why do you want to attend the ACE Academy? (Describe your aviation, science and/or other educational goals.)		
One-page Letter of Recommendation from	n someone who knows you well.	
☐ Complete the application and return (postmarked) by May 19, 2023 .		
☐ Pay the tuition fee of \$70 on June 21, 2023. (Cash or checks accepted payable to ACE Academy .)		

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THE FOLLOWING MUST BE COMPLETED TO BE CONSIDERED FOR THE ACE ACADEMY

RELEASE AND INDEMNITY AGREEMENT

The undersigned parent(s) or guardian(s) and participant(s) agree as follows:

- a) Permission for my teenage child to attend and participate in all ACE Academy activities, without restriction, is hereby granted. I understand my child might receive an aircraft and/or balloon ride from a volunteer pilot who is not an employee of the Division of Aeronautics or any other ACE Academy partner.
- b) It is agreed, on behalf of me and my personal representative, assigns, heirs and next of kin to discharge and not sue the Idaho Division of Aeronautics, Federal Aviation Administration and its divisions, and any of their officers, directors, agents, employees, and any paid or volunteer workers, organizers, facilitators, co-sponsors, partners or stakeholders the activity ("released parties") for any loss, damage or costs resulting directly or indirectly from the released parties' negligence, while the participant is involved in the ACE Academy.
- c) We agree to indemnify and hold harmless each of the released parties for any loss, damage, or costs they may incur, and for any liability that they may have to any other party, as a result of the participant's activities in the ACE Academy, including any loss, damage or costs resulting directly or indirectly from the released parties' negligence.

PERMISSION FOR MEDICAL TREATMENT

I believe my child is physically and mentally capable of participating in all aspects of the ACE Academy. It is my duty to consult a physician to get approval if my child had or now has an injury or illness that would limit or prohibit such activities. I hereby grant permission to take my child to any appropriate medical facility for emergency treatment.

Allergies/ Medical Conditions:		
CONSEN	IT FOR PROMOTION	
I/we hereby grant permission to photograph and/or inte	rview participant for promotion	al purposes.
The undersigned hereby agree to follow the rules of condocument and fully understand each term and condition		ademy. We have read this entire
Signature of participant:		Date:
Signature of parent/guardian:		Date:
Signature of parent/guardian:		Date:
Is applicant covered by health insurance? $\ \square$ Y	es □ No	
Name of insurance company:	Policy #:	Group #:
Remarks:		

Return completed application and required documents to 1390 W Gowen Road, Boise, ID 83705

For more information, visit itd.idaho.gov/aero/